2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 25, 2002 8:00 am § Secretary of State DOCUMENT # P01000092072 1. Entity Name D.R.G. Phlebotomist Ga Na 03-25-2002 90102 026 ***150.00 D.G.R. PHLEBOTOMIST CORP Principal Place of Business Mailing Address 14508 HIGHLAND HILLS PLACE 14508 HIGHLAND HILLS PLACE TAMPA FL 33625 TAMPA FL 33625 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 5 9 - 3 7 4 6 0 3 4 City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** City Zip Code 33611 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -10.-Election:Campaign Financing -- \$5.00:Mav:Be-Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 118 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME MCKENEY, RICARDO STREET ADDRESS STREET ADDRESS 14508 HIGHLAND HILLS PLACE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33625** ☐ Change TITLE TITLE ☐ Addition ☐ Delete SD NAME NAME JARAMILLO, GUILLERMO STREET ADDRESS STREET ADDRESS 14508 HIGHLAND HILLS PLACE CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33625** TITI F ☐ Delete TITLE ☐ Change ☐ Addition TD NAME CRAWFORD, DENNIS NAME STREET ADDRESS STREET ADDRESS 14508 HIGHLAND HILLS PLACE CITY-ST-ZIE CITY-ST-ZIP **TAMPA FL 33625** ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13.4 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED

2-28-07 8/3-265-303x